

Appendix U

Observation of Resident and Staff Interactions for the Transferability Study

NH # **AM Observation** ☐ **1 Walk-through** **Time interval** ☐ **9:00 – 11:00 am**

Date / / **Start Time** : **End Time** : **Int ID**

month day year hour minutes hour minutes

Day of the week: ☐ **1 Weekday** ☐ **2 Weekend** ☐ **3 Holiday**

Instructions: Check “seen” next to the behaviors/activities observed. Once viewing time is complete, mark the “not seen” boxes.

	Seen	Not Seen
w01 Negative resident expression. Resident expresses or states a negative reaction or feeling.		
w02 Resident in distress. Resident calling out in distress or crying for help and nobody observed attending him/her.		
w03 Staff move resident’s wheelchair without asking or discussing.		
w04 Staff answer questions or fulfill requests. Staff pause and answer resident’s questions or comments. Must be at eye level.		
w05 Staff talk over resident’s head/s. Staff converse about non-care matters while transporting resident, giving care, feeding, etc.		
w06 Resident’s body uncovered. Resident’s body is uncovered where he/she can be seen – including through open bedroom door.		
w07 Staff discuss resident’s private business in public. Staff ask for or give personal information (weight, continence status, financial information) in public.		
w08 Staff impose restriction. Staff evoke a rule or policy, saying resident is forbidden to do something.		
w09 Staff speak roughly or threatening. Staff speak harshly to a resident or threaten him/her.		
w10 Resident heard laughing. Resident is seen/heard expressing happiness or positive emotion.		
w11 Resident disengaged at nursing station. Resident is not talking, not watching, or not doing anything.		
w12 Resident is in solo activity. Resident is seen reading a book, working a puzzle, watering plants, volunteering, or other activity (watching TV or organized activities do not count).		
w13 Spontaneous activity. A group activity with 2 or more residents happening without staff leadership (e.g., residents conversing, doing handwork together, card game, puzzle, etc.).		
w14 Organized activity. A group activity with 3 or more residents happening with staff leadership (e.g. bingo, art work, crafts, etc.).		
w15 Disengaged during organized activity. A resident is completely disengaged during an organized activity.		
w16 Noxious noise levels. For example, alarms, loud background music, screaming, intercom or paging, TV’s.		
w17 Unpleasant odors. Noticeable smells (e.g., urine, feces, garbage, mildew, etc.) that are unpleasant or offensive.		
w18 Clutter in hallways. For example, cleaning equipment, medical carts, furniture, wheelchairs in corridors. Note especially objects blocking access to handrails.		

NH # PM Observation ☐ 2 Walk-throughTime interval ☐ 2:00 – 4:00 pm

Date / / month day year
Start Time : hour minutes
End Time : hour minutes
Int ID

Day of the week: ☐ 1 Weekday ☐ 2 Weekend ☐ 3 Holiday

Instructions: Check “seen” next to the behaviors/activities observed. Once viewing time is complete, mark the “not seen” boxes.

	Seen	Not Seen
w01 Negative resident expression. Resident expresses or states a negative reaction or feeling.		
w02 Resident in distress. Resident calling out in distress or crying for help and nobody observed attending him/her.		
w03 Staff move resident’s wheelchair without asking or discussing.		
w04 Staff answer questions or fulfill requests. Staff pause and answer resident’s questions or comments. Must be at eye level.		
w05 Staff talk over resident’s head/s. Staff converse about non-care matters while transporting resident, giving care, feeding, etc.		
w06 Resident’s body uncovered. Resident’s body is uncovered where he/she can be seen – including through open bedroom door.		
w07 Staff discuss resident’s private business in public. Staff ask for or give personal information (weight, continence status, financial information) in public.		
w08 Staff impose restriction. Staff evoke a rule or policy, saying resident is forbidden to do something.		
w09 Staff speak roughly or threatening. Staff speak harshly to a resident or threaten him/her.		
w10 Resident heard laughing. Resident is seen/heard expressing happiness or positive emotion.		
w11 Resident disengaged at nursing station. Resident is not talking, not watching, or not doing anything.		
w12 Resident is in solo activity. Resident is seen reading a book, working a puzzle, watering plants, volunteering, or other activity (watching TV or organized activities do not count).		
w13 Spontaneous activity. A group activity with 2 or more residents happening without staff leadership (e.g., residents conversing, doing handwork together, card game, puzzle, etc.).		
w14 Organized activity. A group activity with 3 or more residents happening with staff leadership (e.g. bingo, art work, crafts, etc.).		
w15 Disengaged during organized activity. A resident is completely disengaged during an organized activity.		
w16 Noxious noise levels. For example, alarms, loud background music, screaming, intercom or paging, TV’s.		
w17 Unpleasant odors. Noticeable smells (e.g., urine, feces, garbage, mildew, etc.) that are unpleasant or offensive.		
w18 Clutter in hallways. For example, cleaning equipment, medical carts, furniture, wheelchairs in corridors. Note especially objects blocking access to handrails.		

NH #

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Meal Observation ☐ 1

Int ID #

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Day of the week:

☐ 1 Weekday
 ☐ 2 Weekend
 ☐ 3 Holiday

Meal Time:

☐ 1 Breakfast
 ☐ 2 Lunch
 ☐ 3 Dinner

Date

Session 1

Session 2

			Start Time		End Time					Start Time		End Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year	hour	minutes	hour	minutes	hour	minutes	hour	minutes	hour	minutes	minutes

Instructions: Spend two (2) 15 minute sessions at main dining area. If more than one dining room, choose a second area and spend 15 minutes in each one. For the second session, check the DR box "1" if the dining room is the same, and "2" if it is different than the first session. Check "Seen" next to the behaviors/activities observed. Once viewing time is complete, check the boxes for appropriate for "Not seen".

		Session 1		Session 2	
		DR <input type="checkbox"/> 1 <input type="checkbox"/> 2			
		Seen	Not Seen	Seen	Not Seen
w01	Negative resident expression. Resident expresses or states a negative reaction or feeling.				
w02	Staff move resident's wheelchair without asking or discussing.				
w03	Staff answer questions or fulfil requests. Staff pause and answer resident's questions or comments. Must be at eye level.				
w04	Staff talk over resident's head/s. Staff converse with other staff about non-care matters while transporting resident, giving care, feeding, etc.				
w05	Staff discuss resident's private business in public. Staff ask for or give personal information (weight, continence status, financial information) <u>in public</u> .				
w06	Staff impose restriction. Staff evoke a rule or policy, saying resident is forbidden to do something.				
w07	Staff speak roughly or threatening. Staff speak harshly to a resident or threaten him/her.				
w08	Resident heard laughing. Resident is seen/heard expressing happiness or positive emotion.				
w09	Residents not talking at meals. Resident groups at dining tables have no social conversation with each other or staff servers.				
w10	Resident fed messily. Resident fed in a manner that created messy dribbles and/or inattention to wiping dribbles.				
w11	Staff feeding more than one resident at a time. Staff feeding 2 or more residents at a time, either at a horseshoe table, a circular feeding table or the dining table.				
w12	Tablecloths or placemats. Tables have table cloths or placemats at each setting.				
w13	Centerpiece on each table. Flowers or decorative object (something safe and stable) on each table.				
w14	Pleasant odors. Fragrant aromas are present, e.g. bread freshly out of the oven, freshly brewing coffee, soup simmering, etc.)				
w15	Noxious noise levels. For example, alarms, loud background music, intercom or paging, clattering of dishes or banging of pots and pans.				
w16	Unpleasant odors. Noticeable smells (urine, feces, garbage, mildew, etc.) that are unpleasant or offensive.				

NH #	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Meal Observation <input style="width: 20px; height: 20px;" type="text"/> 2	Int ID # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Day of the week:	<input type="checkbox"/> 1 Weekday	<input type="checkbox"/> 2 Weekend	<input type="checkbox"/> 3 Holiday	Meal Time:	<input type="checkbox"/> 1 Breakfast	<input type="checkbox"/> 2 Lunch	<input type="checkbox"/> 3 Dinner
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Date	Session 1	Session 2
	Start Time End Time	Start Time End Time
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
month day year	hour minutes	hour minutes

Instructions: Spend two (2) 15 minute sessions at main dining area. If more than one dining room, choose a second area and spend 15 minutes in each one. For the second session, check the DR box "1" if the dining room is the same, and "2" if it is different than the first session. Check "Seen" next to the behaviors/activities observed. Once viewing time is complete, check the boxes for appropriate for "Not seen".

<i>Instructions: Spend two (2) 15 minute sessions at main dining area. If more than one dining room, choose a second area and spend 15 minutes in each one. For the second session, check the DR box "1" if the dining room is the same, and "2" if it is different than the first session. Check “Seen” next to the behaviors/activities observed. Once viewing time is complete, check the boxes for appropriate for “Not seen”.</i>		Session 1		Session 2	
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